

Image# 202210049532054748

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FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Gillen, Laura, , , | | | 2. Candidate's FEC Identification Number H2NY04244 | |
| (b) Address (number and street) PO Box 774 | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Rockville Centre NY 11571 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate NY 04 | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| | | |
|--|--|--|
| (a) Name of Committee (in full) GILLEN FOR CONGRESS | | |
| (b) Address (number and street) PO BOX 774 | | |
| (c) City, State, and ZIP Code ROCKVILLE CENTRE NY 11571 | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| | | |
|--|--|--|
| (a) Name of Committee (in full) GILLEN VICTORY FUND | | |
| (b) Address (number and street) PO BOX 33079 | | |
| (c) City, State, and ZIP Code WASHINGTON DC 20033 | | |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
|--|--------------------|
| Signature of Candidate Gillen, Laura, , , [Electronically Filed] | Date 10/04/2022 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Blue to the Future

(b) Address (number and street)

PO Box 65322

(c) City, State, and ZIP Code

Washington

DC

20035

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code